Name In Full

Certificata of Death

Augustus F. Barnes

Town

County

Died at near the Pine St. Mary's MARYLAND

Month Day Y. M. D. | Native of | Occupation

Date 189 2 - 3rd | Age 45 - 6 | |

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widower~~ ~~Widowed~~ | ~~Divorced~~

Number of children living 8

Husband ~~Wife~~ of Julia Barnes

Father's Nama

Mother's Nama 77

Cause of Death: Primary Lung Cancer

How long sick

Immadiata

Accident, Suicida, Homicide

Reported by St. Mary's Enterprise

Address 2-23-

Must be signed by physician, if any in attendance, otherwise by coroner, undartakar or minister.

LIBRARY BUREAU, 70938

Name In Full

Certificate of Death

Elizabeth A Goddard

Town

County

Died at St Mary's MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
3	7					

Date 189 9 Age 68

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~

Widow ~~Widower~~

~~Divorced~~

Number of children living

~~Husband~~ Wife of Geo. Wm. Goddard

Father's Name

Mother's Name

Cause of Death — Primary 161

How long sick

Immediate

Accident, Sulcide, Homicide

Reported by St Mary's Enterprise 2-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79888

Name in Full

Annie Hood

Certificate of Death

Died at (Town) Beaumont (County) St. Francis Co. MARYLAND

Date 1897 Month 2 Day 10 | Age Y. 3 M. 6 D. | Native of St Francis Co | Occupation —

Male, Female | White, ~~Colored~~ | Married, ~~Single~~ | ~~Widow~~, ~~Widower~~ | Divorced | Number ~~of children~~ living

Husband of Wife

Father's Name Alexander Hood

Mother's Name Annie Hood

Cause of Death: Primary Tonsilitis 8 D

Immediate Septicaemia

How long sick 6 days

Accident, Suicide, Homicide

Reported by F. H. Brumwell

Address St Francis Co Ark.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 66R88

Name In Full Wilmer Kirby

Certificate of Death

Died at Town Grear Mills County St. Mary's MARYLAND

Date 189 9 Month 2-13 Day | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name 147 K

Cause of Death: Primary Frozen to death — How long sick

Immediate — Accident, Suicide, Homicide

Reported by St. Mary's Beacon

Address 2-23rd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79898

Name in Full

Certificate of Death

Nellie Dorsey

Died at Hollywood Town P.O. St Mary's County MARYLAND

Date 1899 Month 2 Day 9 | Age Y. 19 M. D. | Native of St Mary's Co. | Occupation Housewife

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 1

~~Husband~~ Wife of Walter Dorsey

Father's Name Ignatius Raley | Mother's Name Addie Raley

Cause of Death: Primary 72 | How long sick 4 days

Immediate Pneumonia | Accident, Suicide, Homicdie

Reported by F. A. Greenwell

Address St Mary's Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mrs. Hannah Quade Sine

Certificate of Death

Town

County St Mary's

Died at MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	2-7	Age 65				

~~White~~ Female ~~Married~~ ~~Single~~ Widow ~~Divorced~~

~~Husband~~ of Wife Hamden Sine

Number of children living

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by St. Mary's Enterprise

Address 2-18

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70226

Name in Full: George Washington Reader

Certificate of Death

Died at Town: Leonardtown County: St Marys Co MARYLAND

Date 1899 Month: 2 Day: 13 | Age Y.: 65 M.: – D.: – | Native of: St Marys Co | Occupation: farmhand

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | Widow Widower | Divorced | Number of children living: 6

Husband / Wife of: Susan Reader

Father's Name:

Mother's Name:

Cause of Death: Primary: 147

Immediate: Pneumonia

How long sick: about 12 hours

Accident, Suicide, ~~Homicide~~

Reported by: E. A. Greenwell

Address: St Marys Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Julia Thomas — Certificate of Death

Town — County

Died at — Month — Day — Y. M. D. — Native of — Occupation

Date 189 9 — 2 — 17 — Age — MARYLAND

~~Male~~ Female — ~~White~~ Colored — Married — ~~Widow~~ ~~Single~~ Widower — Divorced — Number of children living

~~Husband~~ Wife of Charles Thomas

Father's Name — Mother's Name

Cause of Death — Primary — 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by St Mary's Bureau

Address 2-23

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

John W. Tippett

Town: Trent Hall

County: St. Mary's

Died at MARYLAND

Date 1899 Month: Feb. Day: 6th | Age Y. 68 M. D. | Native of Maryland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ | Number of children living 3

Husband / Wife of Josephine Bean

Father's Name Dorit Keene

Mother's Name Dorit Keene

Cause of Death — Primary: Grippe

How long sick: 3 weeks

Immediate: Paralysis

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Zach. R. Morgan M. D.

Address Mechanicsville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full J. Wesley Fillpett

Certificate of Death

Died at 9th district Town / / County St. Mary's MARYLAND

Date 189 9 Month 2 Day 6 | Age Y. 67 M. D. | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of
Wife

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by St. Mary's Enterprise 2-11

Address

Must be signed by physician, if any in attendance, otherwise by [illegible]oner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full

Certificate of Death

Jack Young

Died at Town Near Mechanicsville County St. Marys Co. MARYLAND

Date 189 Month Feby Day 9 Age Y. 80 M. D. Native of Occupation Farmer

Male ~~Female~~ ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 5

Husband ~~Wife~~ of dont know

Father's Name dont know Mother's Name dont know

Cause of Death: Primary 102 How long sick 5 days

Immediate Gravel

~~Accident, Suicide, Homicide~~ Undertaken

Reported by Sylvester A Dement

Address Mechanicsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968